

LDSQ-2221A (Rev. 09/2016) FRONT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT

James McGrath

REPORT DATE 9/27/18	CASE ID	CALL ID 32176908
TIME 3:45 PM	LOCAL CASE #	LOCAL DIST./AGENCY

## SUBJECTS OF REPORT

Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birthdate or Age mo/day/yr	Race code	Ethnicity (Ok only if hispanic/latino)	Relation code	Role code	Lang. code
1. I	C			F	108	WH	<input type="checkbox"/>	CH	MA	EN
2. I	M			F	108	WH	<input type="checkbox"/>	CH	MA	EN
3. G	G			F	111	WH	<input type="checkbox"/>	CH	UK	EN
4. Valva	Anthony			M	09	WH	<input type="checkbox"/>	CH	MA	EN
5. Valva	Thomas			M	111	WH	<input type="checkbox"/>	CH	MA	EN
6. Valva	Andrew			M	113	WH	<input type="checkbox"/>	CH	UK	EN
7. Valva	Michael			M		WH	<input type="checkbox"/>	PA	AS	EN
	Pollina-Valva	Angela		F		WH	<input checked="" type="checkbox"/> MORE	PS	AS	EN

List addresses and telephone numbers (using the numbers from above)

11 Bittersweet Lane Center Moriches N.Y. 11934	Angela Mom/Step Mom (516) 551-8869 Michael Dad/Step Dad (516) 582-3419
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## BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Emotional neglect
<input type="checkbox"/> Lacerations/bruises/welts	<input type="checkbox"/> Malnutrition/failure to thrive	<input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input checked="" type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input checked="" type="checkbox"/> Other (specify) <u>lack of food or medical attention to weight</u>	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

see attached

MO  
DAY  
YR☒ Additional sheet attached with more explanation.

The Mandated Reporter Requests Finding of Investigation

Time : ☒ AM ☐ PM☒ YES☐ NO

## CONFIDENTIAL

## SOURCE(S) OF REPORT

## CONFIDENTIAL

NAME Renec Emin	(Area Code) TELEPHONE (631) 878-0162 ex 363	NAME CONFIDENTIAL	(Area Code) TELEPHONE
ADDRESS 523 Montauk Hwy East Moriches	ADDRESS	AGENCY/INSTITUTION East Moriches Union Free School Dis.	AGENCY/INSTITUTION
RELATIONSHIP			

☐ Med. exam/coroner ☐ Physician ☐ Hosp. staff ☐ Law enforcement ☐ Neighbor ☐ Relative ☐ Instit. staff  
☐ Social services ☐ Public health ☐ Mental health ☒ School staff ☐ Other (specify)

For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD	(AREA CODE) TELEPHONE NO.
	Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks	X	( )

Actions taken or  
not to be taken ☐ Medical exam ☐ X-ray ☐ Removal/keeping ☐ Notify medical examiner/coroner  
☐ Photographs ☐ Hospitalization ☐ Returning home ☐ Notified DA

SIGNATURE OF PERSON MAKING THIS REPORT:

X	TITLE School Psychologist	DATE SUBMITTED mo. day yr. 9/28/18
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9/27/18

-Recently Mr. Valva has reached out to the teachers and myself to discuss Thomas and Anthony. According to Mr. Valva and Angela the boys have been having many accidents over the last year, defecating and urinating throughout the day and night to the point Thomas and Anthony need to wear pull ups to school. Thomas had an accident on the bus yesterday and I chose to speak with him because in previous years Thomas never had a toileting issue in school nor did he wear pull ups. Thomas has had a total of 3 accidents in school this year.

During my discussion with Thomas he shared that in order to receive food he must ask for food and in order to use the bathroom he must ask to use the bathroom. According to Thomas the only time he is able to use the bathroom without asking is first thing in the morning. Thomas said he needs to wear pull-ups because he is a baby. Again Thomas never wore pull-ups last year and if he had any accidents they were very much infrequent.

During our meeting Thomas was asking for food repeating that he is very hungry. I asked Thomas if he ate breakfast and he said yes. We began to talk about meals at home and evening routine. Thomas said he is home alone with his two older sisters Delana (10years old) and Milana (10yrs old). I asked Thomas how long he is home with them and he said for a long time. I made reference to his favorite T.V. show Titan's and Thomas said he is home alone with his sisters longer than Titan's and that they are able to watch multiple shows before Angela or Dad come home. I asked if it is still day time when Angela or Dad come home and Thomas said no it is dark out.

Other concerns:

- Anthony has lost 20lbs in 1 year. He weighed 72lbs in August 2017 and now weighs 52lbs. Mr. Valva reports the weight lost is due to increased activity. If this is true then Anthony should have increased stamina for physical activity, muscle development. Anthony and Thomas are very thin and always hungry. Anthony has become more socially withdrawn and has a decrease in his language skills since last school year.
- Mr. Valva does not seem to understand how Thomas and Anthony's disabilities will impact the production of their speech or how anxiety can impair.
- Anthony and Thomas are diagnosed with autism, Anthony is more impaired.
- The biological mother has reached out to me with a great deal of information that she should be giving to an attorney. She is desperate to have custody of her boys returned to her and feels that Mr. Valva is abusing his power as a police officer to manipulate people and the system.
- I have told Mr. Valva numerous times to speak in great detail with the family pediatrician regarding both Anthony and Thomas weight and incontinence.
- There is currently an open CPS case and Jessica Alanza is the current case worker (631)852-3678.

LDSS-2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE	CASE ID	CALL ID
TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING  
THIS REPORT: \_\_\_\_\_**Print clearly if filling out hard copy.****Continued:** State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO  
DAY  
YRTime : ☐ AM ☐ PM

LDSS-2221A (Rev. 09/2016) FRONT

**NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

REPORT DATE 1/16/19	CASE ID	CALL ID 32354875
TIME 2:29	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE # LOCAL DIST./AGENCY

**SUBJECTS OF REPORT**

List all children in household, adults responsible and alleged subjects.				Sex	Birth day or Age	Race	Ethnicity	Relation	Role	Lang.
Line #	Last name	First name	Aliases	(m, f, unk)	mo/day/yr	code	(Ck only if hispanic/latino)	code	code	code
1.	Valva	Michael		m	~40	WH	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		f	~40	WH	<input type="checkbox"/>	PS	AS	EN
3.	I.	M		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
4.	I.	D		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
5.	Valva	Anthony		m	/09	WH	<input type="checkbox"/>	CH	UK	EN
6.	Valva	Thomas		m	/11	WH	<input type="checkbox"/>	CH	AB	EN
7.	Valva	Andrew		m	/13	WH	<input type="checkbox"/>	CH	UK	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above) 11 Bittersweet Lane, Center Moriches, NY 11934	(Area code) Telephone No. 5165823419

**BASIS OF SUSPICIONS**

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Emotional neglect
<input checked="" type="checkbox"/> Lacerations/bruises/welts	<input type="checkbox"/> Malnutrition/failure to thrive	<input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. Please see attached.

(If known, give time/date of alleged incident)

MO 1  
DAY 15  
YR 2019Time : ☐ AM ☒ PM☒ Additional sheet attached with more explanation. ☐ The Mandated Reporter Requests Finding of Investigation ☒ YES ☐ NO**CONFIDENTIAL****SOURCE(S) OF REPORT****CONFIDENTIAL**

NAME Edward Schneyer	(Area Code) TELEPHONE 6318780162	NAME Michelle Romano	(Area Code) TELEPHONE 6318780162
ADDRESS 523 Montauk Hwy, East Moriches, NY 11940	ADDRESS 523 Montauk Hwy, East Moriches, NY 11940	AGENCY/INSTITUTION East Moriches Elementary School	AGENCY/INSTITUTION East Moriches Elementary School

**RELATIONSHIP**

☐ Med. exam/coroner ☐ Physician ☐ Hosp. staff ☐ Law enforcement ☐ Neighbor ☐ Relative ☐ Instit. staff  
☐ Social services ☐ Public ☐ Mental health ☒ School staff ☐ Other (specify) \_\_\_\_\_

For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD	(AREA CODE) TELEPHONE NO.
	Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks	X	( )
Actions taken or About to be taken	<input type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Removal/keeping <input type="checkbox"/> Notify medical examiner/coroner	<input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning home <input type="checkbox"/> Notified DA	
SIGNATURE OF PERSON MAKING THIS REPORT: X	TITLE Principal	DATE SUBMITTED mo. day yr. 1 / 16 / 2019	

2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

# REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 1/16/2019	CASE ID	CALL ID 32354875
TIME 2:29 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING  
THIS REPORT: Edward Schneyer

Print clearly if filling out hard copy.

**Continued:** State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

*Thomas came into school with a suspicious bruise on swollen right eye that was not there the afternoon of the day before. Child gave conflicting stories of when and how the injury occurred. First stated that he fell in gym yesterday, however the class did not have gym yet this week. He then stated that he did not know but that he may have fell on Saturday. Later he stated that he thinks it occurred in the kitchen on Tuesday. Dad was made aware of the bruise and stated that he noticed it this morning and the child told him that he fell at recess the day before. Suspicious injury due to conflicting explanations and previous case regarding abuse.*

*Also noted, older brother Anthony began screaming in class today when asked to see the nurse for a sty that was bothering him, stating that he has been told that he is not allowed to go to the nurse. Father was also made aware, and assured that he is allowed to go to the nurse.*

(If known, give time/date of alleged incident)

MO 1

DAY 15

YR 2019

Time : ☐ AM ☒ PM

LDSS-2221A (Rev. 09/2016) FRONT

**NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

REPORT DATE 2/27/19	CASE ID	CALL ID 32423682
TIME 3:19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE # LOCAL DIST./AGENCY

SUBJECTS OF REPORT										
List all children in household, adults responsible and alleged subjects.				Sex	Birthday or Age	Race	Ethnicity	Relation	Role	Lang.
Line #	Last name	First name	Aliases	(m, f, unk)	mo/day/yr	code	(Ck only if hispanic/latino)	code	code	code
1.	Valva	Michael		m	~40	WH	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		f	~40	WH	<input type="checkbox"/>	PS	AS	EN
3.	I	M		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
4.	I	D.		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
5.	Valva	Anthony		m	09	WH	<input type="checkbox"/>	CH	MA	EN
6.	Valva	Thomas		m	11	WH	<input type="checkbox"/>	CH	UK	EN
7.	Valva	Andrew		m	'13	WH	<input type="checkbox"/>	CH	UK	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above) 11 Bittersweet Lane, Center Moriches NY 11934	(Area code) Telephone No. 5165823419

**BASIS OF SUSPICIONS**

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Emotional neglect
<input type="checkbox"/> Lacerations/bruises/welts	<input checked="" type="checkbox"/> 5 Malnutrition/failure to thrive	<input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)  
MO 2  
DAY 27  
YR 19

☒ Additional sheet attached with more explanation. | The Mandated Reporter Requests Finding of Investigation ☒ YES ☐ NO

Time 3:19 ☐ AM ☒ PM

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME Jennifer Holbrow	(Area Code) TELEPHONE 6318780162	NAME Edward Schneyer	(Area Code) TELEPHONE 6318780162		
ADDRESS 523 Montauk Hwy, East Moriches NY 11940		ADDRESS 523 Montauk Hwy, East Moriches NY 11940			
AGENCY/INSTITUTION East Moriches Elementary School		AGENCY/INSTITUTION East Moriches Elementary School			
<b>RELATIONSHIP</b>					
<input type="checkbox"/> Med. exam/coroner <input type="checkbox"/> Physician <input type="checkbox"/> Hosp. staff <input type="checkbox"/> Law enforcement <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Instit. staff <input type="checkbox"/> Social services <input type="checkbox"/> Public <input type="checkbox"/> Mental health <input checked="" type="checkbox"/> School staff <input type="checkbox"/> Other (specify) _____					
<b>For use by Physicians only</b>	MEDICAL DIAGNOSIS ON CHILD		SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD		(AREA CODE) TELEPHONE NO.
	Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		X		( )
Actions taken or <input type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Removal/keeping <input type="checkbox"/> Notify medical examiner/coroner About to be taken <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning home <input type="checkbox"/> Notified DA					
SIGNATURE OF PERSON MAKING THIS REPORT: X			TITLE Teacher/Principal		DATE SUBMITTED mo. day yr. 2 / 27 / 2019

LDSS-2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

### REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 2.27/19	CASE ID	CALL ID 32423682
TIME 3:19 <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING  
THIS REPORT: Jenna Holborow / Edward Schneyer

**Print clearly if filling out hard copy.**

**Continued:** State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

On 2/7/19 parent was called with the weight loss concerns for Anthony. Since January 2019, they have also received emails from the school regarding not having enough food for snack, his change in emotional behavior, and how he visually appears to be losing weight. Nurse completed a weight check, and that the doctor's office confirmed that his weight (57lbs) was considered underweight. Parents encouraged to schedule doctor appointment.

On 2/8/19 Anthony came to school late because he had an accident at home.

On 2/25/19 Anthony arrived at school with a wet jacket and backpack that smelled of urine.

On 2/27/19 Anthony arrived at school wet pants socks and shoes with the smell of urine. Bus driver stated there was no urine on the bus after exiting in the morning. Child shaking and indicated having to stay in the garage for unknown amount of time.

(If known, give time/date of alleged incident)

MO 2

DAY 27

YR 2019

Time : ☐ AM ☐ PM